

IPSWICH CITY DIRT KART CLUB INC.

2012 MEMBERSHIP FORM ☺

MEMBERSHIP TYPE

SINGLE MEMBERSHIP \$80

FAMILY MEMBERSHIP \$100

PERSONAL DETAILS (PLEASE USE BLOCK LETTERS)

MR

MASTER

MRS

MISS

MS

SURNAME _____

GIVEN NAME(S) _____

DATE OF BIRTH _____ KART NO _____

ADDRESS  _____

TOWN/SUBURB _____ STATE _____ POSTCODE _____

OCCUPATION _____

HOME  _____ WORK  _____

MOBILE  _____ EMAIL _____

FAMILY MEMBERSHIP ONLY ~ PLEASE LIST DETAILS OF ADDITIONAL DRIVERS


| NAME | DATE OF BIRTH | KART NO |
|-------|---------------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

EMERGENCY CONTACT DETAILS 📍

NAME _____ RELATIONSHIP _____

HOME  _____ MOBILE  _____

ICDKC OFFICE USE ONLY

AMOUNT PAID \$ _____ DATE PAID _____ ENTERED  _____ INITIALS _____

TO BE COMPLETED FOR EACH INDIVIDUAL DRIVER (IF MORE COPIES ARE REQUIRED PLEASE ASK)

| <u>MEDICAL DECLARATION</u> | <u>STATEMENT BY APPLICANT</u> | |
|--|--------------------------------------|----|
| 1. Have you ever been declined life insurance on medical grounds? | YES | NO |
| 2. Are you required to undertake a state roads or traffic authority medical examination to obtain a motor vehicle licence? | YES | NO |
| 3. Any medical or surgical conditions that could interfere with the fine movements of your arms or legs? | YES | NO |
| 4. A psychiatric or psychological illness? | YES | NO |
| 5. Persistent or severe headache, head injury, epilepsy, seizure, fainting or giddiness? | YES | NO |
| 6. Heart or lung disease, blood vessel disease, hypertension, coronary bypass or other major surgical procedure? | YES | NO |
| 7. Cancer, kidney, bladder, diabetes, gastrointestinal, thyroid or blood disorders; including any surgical procedure? | YES | NO |
| 8. A significant illness, injury or surgery not listed? | YES | NO |
| 9. Any ear disorder that may affect your balance including tinnitus? | YES | NO |
| 10. Eyesight impaired for distance vision to such an extent that it cannot be corrected? | YES | NO |
| 11. Are you taking any injections, tablets or other forms of medication? | YES | NO |

PLEASE NOTE, SHOULD YOU ANSWER YES TO ANY OF THE ABOVE QUESTIONS 1-11, AND YOU ARE APPLYING FOR MEMBERSHIP TO DRIVE A GO-KART YOU MAY BE REQUESTED TO HAVE YOUR DOCTOR COMPLETE THE MEDICAL CLEARANCE BELOW.

By providing this medical clearance with your application you will avoid unnecessary delays in having your membership issued. None of these items will necessarily preclude you from holding a membership, but it is a safety requirement that the information above is disclosed.

| | | |
|---|-----|----|
| 12. Are you required to wear spectacles to correct distance vision? | YES | NO |
| 13. Are you on Workers Compensation? (If YES, drivers are not permitted to race.) | YES | NO |

Declaration

a) I certify that the statements made to ICDKC regarding my physiological and physical condition and any previous illness are true and correct.

b) I declare that should any of the above conditions become evident during the currency of this membership, I agree to abstain from exercising the privileges, and will notify ICDKC and submit to a further medical examination the results of which are to be forwarded to the ICDKC Secretary.

c) I undertake not to use medication or drugs that might be considered illegal, or within a period of 24 hours prior to race competition or participation of any sort.

AN APPLICANT MAKING A FALSE DECLARATION IS LIABLE TO REFUSAL / CANCELLATION OF THEIR MEMBERSHIP.

Applicant's Signature: _____ Dated this day: / /

MEDICAL CLEARANCE TO RACE A GO KART

(To be completed by your doctor/physician ONLY if required. (SEE ABOVE))

Doctor / Physician Name: _____ Phone No: _____

Doctor / Physician Address: _____

Having examined _____

(Applicants Name)

who I understand is applying for an ICDKC membership to race Go-Karts, in my opinion, there are no medical conditions that would detrimentally affect his / her ability to control/ drive a Go-Kart.

Doctor / Physician Signature: _____ Date: _____ / _____ / _____

DOCTOR'S STAMP

Declaration

I/We acknowledge, understand and agree that:

1. I/we will be ACTIVE members of the club and will assist with track preparation/working bees prior to club events and flag marshalling and other duties at club events. I understand that if I/we don't contribute I/we may be asked to show cause why my/our membership should continue or that we may be requested to pay a fee to cover this.
2. Gokarting is a dangerous recreational activity which involves a significant degree of risk of physical harm to me/us.
3. There are risks in gokarting which are obvious to me/us as a reasonable person/people ("obvious risk").
4. As a matter of law I/we have no right to claim compensation from anyone if I am/we are harmed because of an obvious risk materialising while I/we am/are gokarting.
5. I/we am/are aware that other drivers may drive with limited skill and ability.
6. I/we voluntarily assume all risks associated with gokarting and other activities.
7. I/we RELEASE Ipswich City Dirt Kart Club Inc from all claims and cost I/we would otherwise have or be able to bring if I am/we are injured or killed or if any of my/our clothing or other property is damaged or lost while I am/we are at the premises regardless of how that injury, death, damage or loss happens and even if (by way of example) it happens as a result of:
 - a) The negligence or recklessness of someone else (including Ipswich City Dirt Kart Club Inc);
 - b) The design, construction, condition, adequacy or suitability of the karts, track, equipment, services, amusements, land, buildings, car parks, paths,
 - c) landscaped areas or other improvements or facilities at the premises;
 - d) Any omission, inadequacy or error in any training or instructions that I/we or anyone else is given or in any rules or regulations made or procedures adopted by Ipswich City Dirt Kart Club Inc;
 AND I/we accept liability for and will indemnify and keep Ipswich City Dirt Kart Club Inc indemnified against any claims and costs.
8. I/we also accept liability for and will indemnify and keep Ipswich City Dirt Kart Club Inc indemnified against any claims or costs arising from any injury or death to any person and any loss of or damage to any property which arises out of my/our negligence or recklessness while I am/we are at the premises.
9. I/we will comply with all rules, regulations, procedures, training, information and instructions made or given by Ipswich City Dirt Kart Club Inc.
10. I/we authorise Ipswich City Dirt Kart Club Inc to take photographs, film and other images of me/us while I am/we are at the premises and to develop, print, reproduce and use them free of charge for any purpose (including commercial advertising and promotions).
11. I/we authorise Ipswich City Dirt Kart Club Inc to send newsletters and special product offers to my/our email address. I/we understand that I/we can stop future transmission of this material by notifying the club that I/we no longer wish to receive the material.
12. If my/our intellectual or physical capacity is diminished in any way, it is my/our responsibility and obligation to notify Ipswich City Dirt Kart Club Inc in writing of that fact before I/we take part in go karting or other activities.
13. I/we have read and understand everything in this form and promise you that the information I/we have supplied in it is true.

1).....2).....3).....
Signature of Driver(s)

4).....5)..... Date / /
Signature of Driver(s)

Signed to indicate full acceptance and understanding of the Terms & Conditions of admittance to Ipswich City Dirt Kart Club Inc.

ADULT GUARDIAN CONSENT AND INDEMNITY (if the Driver is under 18)

I
Christian name (of Guardian) Surname (of Guardian)

Of.....
Address (of Guardian)

Relationship to Driver

I request Ipswich City Dirt Kart Club Inc to let the Driver take part in gokarting and other activities and I give my consent to the Driver doing so. In exchange, I confirm that I have read and understand this Membership Application Release and Indemnity Form and on behalf of the Driver, I make the acknowledgements, enter into the agreements and give the authorisations and promises contained in it. I also agree to personally accept liability for and to indemnify and keep Ipswich City Dirt Kart Club Inc indemnified against any claims and costs brought by the Driver against Ipswich City Dirt Kart Club Inc or brought against Ipswich City Dirt Kart Club Inc which arise out of the Driver's negligence or recklessness.

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Signature (of Guardian) Date of Birth (of Guardian) Today's Date

How did you find out about us? (Please tick box)

- Friend
 Internet/Website
 Promotion
 Brochure
 Driving by
 Other Club